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UNHCR KAMPUCHEAN OPERATION MANUAL NO. 15

THE CARE OF UNACCOMPANIED MINORS

March, 1980

ACKNOWLEDGEMENT

UNECR expresses thanks to all those who contributed their time, effort, ideas and concern to the development of these guidelines through the Social Welfare Services Subcommittee and the Children's Program Management Committee. Special mention must be given to those who represented the following organizations: Holt Sahathai Foundation, Terre des Hommes Germany, ICRC, Catholic Relief Services, and the Thai Red Cross.

INTRODUCTION

The children of Kampuchea are one of the few remaining assets of a devastated population. Special care and consideration should be given to not only the physical needs but also to the future potential of this very special group. The design of a center to care for these children should meet not only shelter, food and medical needs but also attempt to preserve the cultural heritage and instill the values of the Khmer family and not those of foreign refugee workers.

World-wide attention has been focused on the needs of the unaccompanied minors among the Kampuchean refugees. This group constitutes roughly 2% of the Khmers who have sought refuge in Thailand since September 1979. Minors of age 17 or younger not living with their biological parents are considered "unaccompanied". This includes minors ranging from infants to young adults who have been separated from their families and are uncertain about their continued survival or their location, those who are actually orphaned by the death of both parents and in some cases all immediate family members, those temporarily separated in the transition from border to camp, and those abandoned by parents or relatives. Some of these children have formed attachments to families other than their own. However the majority are on their own and require special attention and care. In regard to all unaccompanied minors UNHCR has responsibility to act in loco parentis, that is, in the place of the parents, to safeguard their well-being.

Initial interview results indicate that the overwhelming majority of the unaccompanied minors probably have living relatives from whom they have been separated. Major efforts to document every member of this group and to attempt to locate members of their families are under way. Quite apart from the systematic tracing efforts of the ICRC and UNHCR, many family reunifications have taken place through informal interactions within the camps. About 21% of the unaccompanied minors who have lived in the Children's Centers at Khao I Dang and Sakaeo Holding Centres have moved out to reunite with family members (see Annex I).

In an attempt to meet the immediate needs of newly arriving unaccompanied minors and to soften the long range effects of camp life, the community-based Children's Center model was developed. Basically it is an effort to restore the semblance of family and community life within the camp as opposed to providing care on an institutional basis. The objective is to provide continuing care by the Khmer community and to place the primary responsibility for these children in the hands of the community.

The roles played by selected voluntary agencies and UNHCR include assisting in the initial organization of the Centers, building the capacity of Khmer houseparents to operate the Centers independently, providing supplies on an ongoing basis, and to monitor the implementation of the program. In order to ensure continuity, the agencies selected to provide services to unaccompanied minors should be able to do so on a long-term basis.

These guidelines are intended to provide a general framework for use in the planning, implementation and supervision of care for unaccompanied Kampuchean minors. In addition to the guidelines stated below two more general principles are also appropriate. First, in planning and providing care for unaccompanied minors, their own rights and desires must be taken into account. This point is particularly significant since the overwhelming majority of this group consists of older youth rather than young children. A second principle is that in planning for the immediate and short-term needs of unaccompanied minors longer-term solutions must also be considered.

Roles and Responsibilities

UNHCR should select one voluntary agency with the appropriate expertise and experience to take direct responsibility for implementing the Children's Center program in each camp. To ensure continuity agencies selected should be able to do so on a long term basis. Professional social workers or child care personnel should be included in the staff of the voluntary agency. The roles played by the voluntary agencies include:

- 1) Initiating a process for selection of houseparents,
- 2) Assisting in the initial organization of the Centers,
- 3) Building the capacity of Khmer houseparents to operate the Centers independently,
- 4) Providing such ongoing support as the purchase of needed supplies and equipment,
- 5) Assisting with special activities such as handicrafts and recreation, and
- 6) Supervising the day to day well being of the minors living in the Centers.

Responsibilities of UNHCR include:

- 1) Arranging for construction of the Centers,
- 2) Monitoring their operation and the implementation of these guidelines,
- 3) Providing basic supplies and food,
- 4) Consulting with the voluntary agency responsible for the Centers about problems which arise, and
- 5) Providing such specialized services as documentation of the unaccompanied minors and assisting in reuniting them with their families (see Annex II).

Construction of the Centers

A suggested layout for a Children's Center is shown in figure I. For a group of 60 minors eight small units suitable for housing should be provided. Six of these would initially be used as housing. The other two can be used for craft activities or classes for minors too young or too old to participate in the camp school system. If a need should arise to accommodate additional minors in the center, the two additional units can be used for housing.

Another structure needed is a multipurpose unit which can serve as a residence for the head houseparent and as a small office. It should include a locked storage area for supplies needed in the Center. This building should also include space for housing a sick child who may need to be isolated from the others but does not require hospitalization.

A large pavillion with half walls and benches around the inside perimeter should be the central structure. It can serve as an area for recreation, crafts, cultural activities and as a general community gathering place. During the rainy season cooking can be done here as well. Additional facilities needed in the Children's Center compound include a water source and latrines. Centers should be located close to schools, pediatric clinics, supplementary feeding centers and play areas.

The design of and construction materials for these structures should be as close as possible to those of the general camp population. Housing should be small, family-type units with a maximum of 10 minors and 2 houseparents each. A natural age spread is desirable within each unit. These units may be clustered in groups to facilitate the delivery of services. No more than 80 unaccompanied minors should be clustered

in one area. Lower numbers are preferable. Housing for unaccompanied minors should be physically integrated within a larger Khmer community.

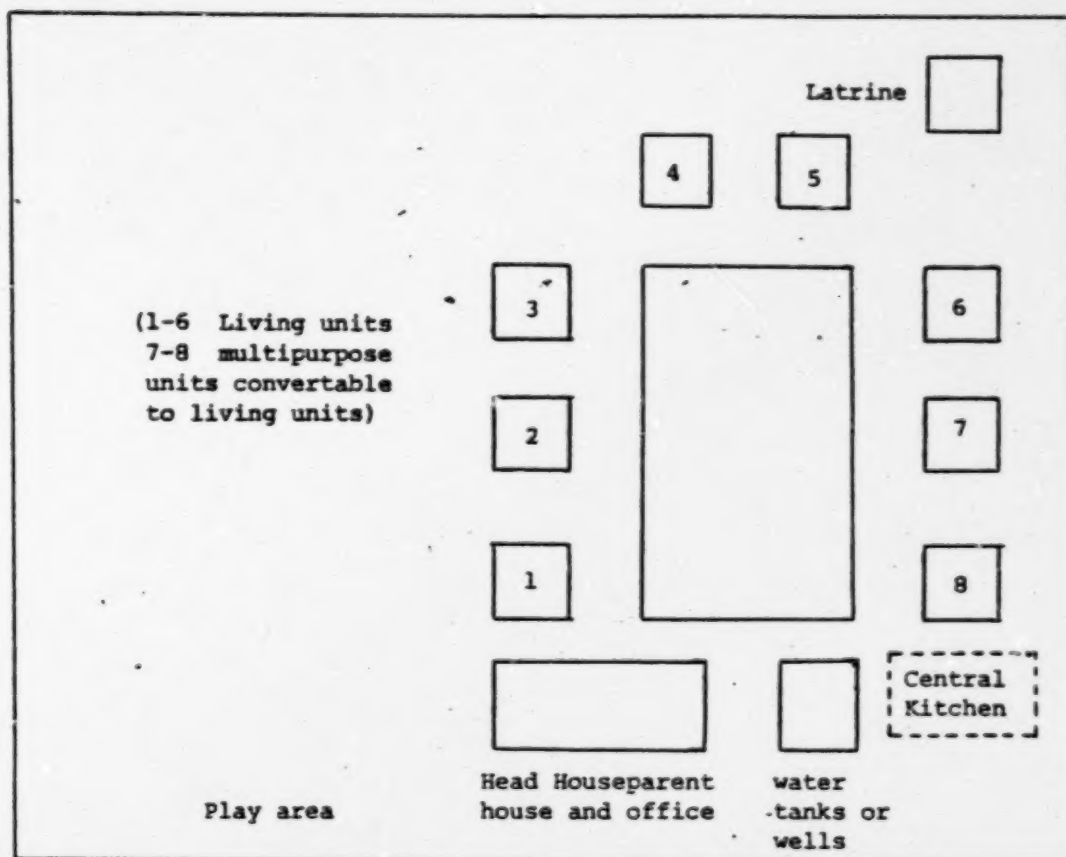
Whether or not a Children's Center compound should be fenced is best decided by the houseparents of that Center in consultation with voluntary agency and UNHCR staff. The disadvantage to fencing is that it serves to isolate unaccompanied minors from other camp residents. On the other hand, the experience of some houseparents has been that fencing helps provide some security from unwanted intrusions and helps protect from encroachment by other camp residents the space needed for activities.

Appropriate kitchen facilities are another decision to be made by the houseparents at each Center. The options are for a central kitchen and feeding area to be constructed as a part of the compound or for each housing unit to prepare their own meals. The advantage of giving each group of minors and their houseparent responsibility for preparing meals is that this is closer to the way a natural family would function and less institutional. On the other hand, nutrition and sanitation are more difficult to monitor and manage with this system as opposed to a central kitchen. Also each houseparent would be required to spend a good deal of time supervising meal preparation for his or her unit.

In either case the minors should be given responsibilities to assist in kitchen duties as they would in a family setting. The decision for or against a central kitchen or some compromise alternative should be made by the houseparents of each Center in consultation with the voluntary agency assigned to assist them.

Figure I. Layout for a Children's Center Compound. (page 5).

Figure I. Layout for a Children's Center Compound.



Houseparents

Initial selection of houseparents in a new camp should involve Khmer camp leaders, UNHCR staff and the voluntary agency involved. Once a program is under way, additional houseparents can be selected by the experienced Khmer houseparents and Khmer administrative staff. Adults of at least 22 years of age with child rearing or job related experience are preferred for these positions.

At least one houseparent should be assigned to every 10 minors. For infants the ratio should be one to one. Regular medical and nutrition surveillance should be done for all infants. Assignment of minors to houseparents should be made on a long-term basis, particularly for children of ten years and below, because of the developmental needs of these children to form attachments to adults. It is desirable to have both male and female houseparents. Houseparents should receive training in basic hygiene, nutrition, first aid and child care practices.

Houseparents selected for a Center should divide among themselves responsibilities relating to the Center as a whole. They should also select a head houseparent, who will have administrative responsibilities and not be directly responsible for a group of 10. Problems of discipline or regulations are the responsibility of the head houseparent. An assistant to the head houseparent should also be selected. While this assistant may be assigned a group of minors, it is preferable that she or he be free to substitute for other houseparents as needed.

During the initiation of the program the voluntary agency assigned responsibility for working with Children's Centers in a camp should meet daily with the houseparents to discuss problems, cooking, sanitation, and systems for ordering food and other supplies. In the initial stage Khmer camp leaders should also be included in meetings when important organizational decisions are made. As the Centers move into operation the frequency of meetings should be reduced. Eventually the houseparents can conduct staff meetings independently.

Given the possibility of sudden large influxes of refugees with little prior notice, plans should be developed to incorporate new arrivals into the existing Centers. If the numbers are such that new Centers are needed experienced houseparents should be actively engaged in organizing them.

Training in public health, para-medical aid and nutrition should be provided to the houseparents through the public training programs offered in each camp. Additional training in child care practices and other areas may be organized by the voluntary agency working with the Centers. Houseparents should also receive nutrition training and infant care and feeding instructions from the supplemental feeding center staff.

Compensation of houseparents for their work should be made either in cash or in kind depending upon the general policy for payment of refugee workers in each camp.

Services

Basic services for unaccompanied minors should include health care and education. Supplementary feeding should be provided for those of five years and below and to any who are malnourished. Additional activities such as handicrafts, skill training and recreation are also desirable. In keeping with the plan to integrate unaccompanied minors into community life, those in the Centers should use the same educational, medical, supplementary feeding and other services as other children of the same age in the camp.

As mentioned above, the houseparents in each center should receive public health and para-medical instruction through the public health training program in each camp. If a child becomes ill, the houseparent should take the child to the out-patient clinic nearest the Center. If hospitalization is necessary, the houseparent should accompany the child to the hospital for admission and, in the case of younger children or infants, remain in the ward with them until their return to the Center. Houseparents should also tag hospitalized children with identification braces to avoid confusion at the time of discharge. Children who may be infectious but do not require hospitalization should be moved into the head houseparent's quarters. Such items as bedpans and thermometers should be available. A first aid kit should also be supplied and restocked regularly at each Center.

The Children's Centers should receive the same basic food allocations as other camp residents. Some additional food may be provided as needed. Kitchen supplies and utensils must be supplied. The houseparents are responsible for preparing three meals per day. Houseparents should take under fives to supplementary feeding centers for special feeding instruction and nutritional monitoring. The voluntary agency assigned with the assistance of supplementary feeding center staff should periodically check to ensure that meal preparation and hygiene are adequate.

The children from each Center shall attend the regular school system. This will play an important part in the assimilation of these children into the community. In the school setting, friendships will be made and open the door for involvement with families and participation with friends in family activities. To establish a separate school would isolate the children for a significant period of time each day as well as limit social contacts and play to within the Children's Center area.

Houseparents who are former teachers may be organized to conduct classes for those who are either too young or too old to participate in the camp school system. They can also tutor those who are attending the regular schools.

Infants and Toddlers

The youngest residents have special needs which require particular attention. Until children reach an age at which they can feed and learn to care for themselves they should be placed on a one-to-one basis with a housemother. In addition to ensuring that the physical needs of younger children are met, this arrangement also serves their developmental needs.

An attempt should be made to find housemothers who are sufficiently healthy and willing to breastfeed the infants. The housemother assigned has total responsibility for the infant's care. This includes attending to feeding problems and, if necessary, to accompany the child to the hospital and remain there until the child is released. All children under five should be taken regularly to the well-baby clinics where weight and health are monitored and immunizations given.

At least in the initial stage of creating a Center infants should be tagged with an identification bracelet to ensure ready identification. To create a natural age spread within the Centers infants and toddlers should be dispersed among the Centers in a camp rather than concentrated in one. In a natural family setting older children help in the care of younger ones. These responsibilities should occur in the Centers as well.

Registration, Documentation and Tracing

Initial interviewing has indicated that the majority of the unaccompanied Kampuchean minors probably have living family members from whom they have been separated. Consequently all unaccompanied minors must be identified and registered. In the Kampuchean holding centers ICRC has been delegated the responsibility for this task, although they may receive assistance from UNHCR and other groups. Further documentation of the history and current status of each unaccompanied minor should be compiled by trained staff. This information can facilitate the tracing process as well as provide a basis for making decisions about long-term placement.

Drawing on the information obtained through registration and documentation, an extensive tracing effort for the family members of each unaccompanied minor must be carried out. Special forms have been designed for this purpose. Information from the ICRC registration cards is transcribed on these in English, Thai and Khmer (see Annex III.). A separate set of records should be maintained at each center by the voluntary agency assigned.

There is a need for a special system of identifying infants and small children. Photographs should be taken as soon as an unaccompanied infant arrives. This along with recording all pertinent information which may assist in reuniting the infant with surviving family members should be done immediately.

Protection

Special attention must be given to unaccompanied minors in the provision of legal protection services. Also, to prevent attempts by camp visitors and workers to pick out particular unaccompanied minors for adoption or foster care the Children's Centers should be made "off limits" to anyone other than UNHCR staff and designated voluntary agency staff. Others should only be allowed into the Centers when accompanied by a UNHCR staff member or when issued a special pass by UNHCR which should be written in English and Khmer.

Special Areas of Consideration

All minors in the Centers should be medically screened periodically and those with special needs and problems identified. This includes children who may be deaf, mute, blind, mentally retarded, or who are suffering from emotional or physical handicaps. While this identified group can live within the Children's Centers, dispersed according to age as normal children, special training and care for their specific needs must be considered. Some may require one-to-one houseparent care. This is an area where qualified volunteers or agencies could be utilized in the preparation of specialized care programs.

After the necessary number of Centers have been opened and stabilized, other programs can be developed. Skill training and handicraft programs are of value due to the large percentage of adolescent youth in the Centers. Projects for sewing centers, bakeries, carpentry and handicraft training are possible. These provide not only training but also necessary services to the Centers. However, if such programs are available to Center residents at other locations in a camp, they need not be started separately in the Children's Centers.